

QUARTERLY CONTRIBUTION RETURN AND REPORT OF WAGES (CONTINUATION)

REMINDER: File your DE 9 and DE 9C together.

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complete Items C and D.

Page number _____ of _____

03 31 09

04 01 09

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OR RECEIVED BY 04 30 09

YR 09 QTR 1

QUARTER ENDED
ZIU/ /2012/4/01788
/005/03/LZIU

EMPLOYER ACCOUNT NO.

436 8685 6

**DOWNTOWN CENTER BUSINESS
IMPROVEMENT DISTRICT
626 WILSHIRE BLVD #200
LOS ANGELES CA 90017**

DO NOT ALTER THIS AREA

P1 ☐ C ☐ T ☐ S ☐ W ☐ A ☐

EFFECTIVE DATE

Mo. Day Yr.

WIC

A. EMPLOYEES full-time and part-time who worked during
or received pay subject to UI for the payroll period which
includes the 12th of the month.

1st Mo. 2nd Mo. 3rd Mo.

L L L

B. ☐ Check this box if you are reporting ONLY Voluntary Plan Disability Insurance wages on this page.
Report Personal Income Tax (PIT) Wages and PIT Withheld, if appropriate. (See instructions for Item B.)

C. ☐ NO PAYROLL

D. SOCIAL SECURITY NUMBER

E. EMPLOYEE NAME (FIRST NAME)

(M.I.) (LAST NAME)

F. TOTAL SUBJECT WAGES

G. PIT WAGES

H. PIT WITHHELD

D. SOCIAL SECURITY NUMBER

E. EMPLOYEE NAME (FIRST NAME)

(M.I.) (LAST NAME)

F. TOTAL SUBJECT WAGES

G. PIT WAGES

H. PIT WITHHELD

D. SOCIAL SECURITY NUMBER

E. EMPLOYEE NAME (FIRST NAME)

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F. TOTAL SUBJECT WAGES

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H. PIT WITHHELD

D. SOCIAL SECURITY NUMBER

E. EMPLOYEE NAME (FIRST NAME)

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F. TOTAL SUBJECT WAGES

G. PIT WAGES

H. PIT WITHHELD

*** DO NOT FILE THIS PAGE ***

*** CALIFORNIA EMPLOYEES ***

*** REPORT TOTALS ***

D. SOCIAL SECURITY NUMBER

E. EMPLOYEE NAME (FIRST NAME)

(M.I.) (LAST NAME)

F. TOTAL SUBJECT WAGES

G. PIT WAGES

H. PIT WITHHELD

TOTAL SUI/SDI WAGES THIS QUARTER

287,842.38

SUI TXBL WAGES 7,000 LIMIT

105,000.00

EXCESS SUI TAXABLE WAGES

182,842.38

SDI TXBL WAGES 90,669 LIMIT

287,842.38

D. SOCIAL SECURITY NUMBER

E. EMPLOYEE NAME (FIRST NAME)

(M.I.) (LAST NAME)

F. TOTAL SUBJECT WAGES

G. PIT WAGES

H. PIT WITHHELD

NUMBER OF EMPLOYEES

15

I. TOTAL SUBJECT WAGES THIS PAGE

**** ADP IS RESPONSIBLE FOR FILING THIS REPORT. ****

L. GRAND TOTAL SUBJECT WAGES

M. GRAND TOTAL PIT WAGES

N. GRAND TOTAL PIT WITHHELD

O. I declare that the information herein is true and correct to the best of my knowledge and belief.

Signature Required

Title

Phone ()

Date

(Owner, Accountant, Preparer, etc.)

MAIL TO: State of California / Employment Development Department / P.O. Box 989071 / West Sacramento CA 95798-9071





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D. SOCIAL SECURITY NUMBER

547 67 4800

E. EMPLOYEE NAME (FIRST NAME)

EILEEN

(M.I.) (LAST NAME)

M O'CONNELL

F. TOTAL SUBJECT WAGES

8 804 00

G. PIT WAGES

8 714 70

H. PIT WITHHELD

205 85

D. SOCIAL SECURITY NUMBER

547 77 2224

E. EMPLOYEE NAME (FIRST NAME)

LETICIA

(M.I.) (LAST NAME)

OROZCO

F. TOTAL SUBJECT WAGES

14 261 26

G. PIT WAGES

14 261 26

H. PIT WITHHELD

466 80

D. SOCIAL SECURITY NUMBER

548 53 9033

E. EMPLOYEE NAME (FIRST NAME)

HERMAN

(M.I.) (LAST NAME)

PANG

F. TOTAL SUBJECT WAGES

23 250 00

G. PIT WAGES

23 250 00

H. PIT WITHHELD

816 60

D. SOCIAL SECURITY NUMBER

555 85 9090

E. EMPLOYEE NAME (FIRST NAME)

JACOB

(M.I.) (LAST NAME)

HOLLOWAY

F. TOTAL SUBJECT WAGES

15 000 00

G. PIT WAGES

15 000 00

H. PIT WITHHELD

683 70

D. SOCIAL SECURITY NUMBER

558 17 5643

E. EMPLOYEE NAME (FIRST NAME)

MICHAEL

(M.I.) (LAST NAME)

G CLARK

F. TOTAL SUBJECT WAGES

28 543 08

G. PIT WAGES

28 543 08

H. PIT WITHHELD

1 231 86

D. SOCIAL SECURITY NUMBER

558 85 5406

E. EMPLOYEE NAME (FIRST NAME)

JOHN

(M.I.) (LAST NAME)

YANEZ

F. TOTAL SUBJECT WAGES

17 499 96

G. PIT WAGES

17 499 96

H. PIT WITHHELD

940 86

D. SOCIAL SECURITY NUMBER

562 74 0840

E. EMPLOYEE NAME (FIRST NAME)

RONALD

(M.I.) (LAST NAME)

P COLCOL

F. TOTAL SUBJECT WAGES

15 191 04

G. PIT WAGES

14 279 58

H. PIT WITHHELD

303 84

I. TOTAL SUBJECT WAGES THIS PAGE

122 549 34

J. TOTAL PIT WAGES THIS PAGE

121 548 58

K. TOTAL PIT WITHHELD THIS PAGE

4 649 51

L. GRAND TOTAL SUBJECT WAGES

M. GRAND TOTAL PIT WAGES

N. GRAND TOTAL PIT WITHHELD

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D. SOCIAL SECURITY NUMBER

570 75 9617

E. EMPLOYEE NAME (FIRST NAME)

JUSTIN

(M.I.) (LAST NAME)

T WEISS

F. TOTAL SUBJECT WAGES

18 729 42

G. PIT WAGES

18 729 42

H. PIT WITHHELD

832 92

D. SOCIAL SECURITY NUMBER

570 77 2800

E. EMPLOYEE NAME (FIRST NAME)

JOSE

(M.I.) (LAST NAME)

A FLORES

F. TOTAL SUBJECT WAGES

11 290 56

G. PIT WAGES

11 290 56

H. PIT WITHHELD

406 26

D. SOCIAL SECURITY NUMBER

571 35 3676

E. EMPLOYEE NAME (FIRST NAME)

HAROLD

(M.I.) (LAST NAME)

BASTIAN

F. TOTAL SUBJECT WAGES

51 140 60

G. PIT WAGES

48 959 39

H. PIT WITHHELD

3 684 13

D. SOCIAL SECURITY NUMBER

611 07 4963

E. EMPLOYEE NAME (FIRST NAME)

CONNIE

(M.I.) (LAST NAME)

HWANG

F. TOTAL SUBJECT WAGES

15 600 00

G. PIT WAGES

15 600 00

H. PIT WITHHELD

764 16

D. SOCIAL SECURITY NUMBER

612 28 8234

E. EMPLOYEE NAME (FIRST NAME)

ANA

(M.I.) (LAST NAME)

C ESTRADA

F. TOTAL SUBJECT WAGES

7 786 50

G. PIT WAGES

7 386 48

H. PIT WITHHELD

130 98

D. SOCIAL SECURITY NUMBER

613 92 7601

E. EMPLOYEE NAME (FIRST NAME)

JUAN

(M.I.) (LAST NAME)

J SANZ

F. TOTAL SUBJECT WAGES

12 000 00

G. PIT WAGES

12 000 00

H. PIT WITHHELD

463 02

D. SOCIAL SECURITY NUMBER

616 22 1465

E. EMPLOYEE NAME (FIRST NAME)

KENNETH

(M.I.) (LAST NAME)

NAKANO

F. TOTAL SUBJECT WAGES

23 895 94

G. PIT WAGES

23 895 94

H. PIT WITHHELD

1 206 12

I. TOTAL SUBJECT WAGES THIS PAGE

140 443 02

J. TOTAL PIT WAGES THIS PAGE

136 961 79

K. TOTAL PIT WITHHELD THIS PAGE

7 487 59

L. GRAND TOTAL SUBJECT WAGES

M. GRAND TOTAL PIT WAGES

N. GRAND TOTAL PIT WITHHELD

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IMPROVEMENT DISTRICT
626 WILSHIRE BLVD #200
LOS ANGELES CA 90017

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D. SOCIAL SECURITY NUMBER

619 32 1765

E. EMPLOYEE NAME (FIRST NAME)

ALEX

(M.I.) (LAST NAME)

STETTINSKI

F. TOTAL SUBJECT WAGES

24 850 02

G. PIT WAGES

24 100 02

H. PIT WITHHELD

1 529 98

D. SOCIAL SECURITY NUMBER

E. EMPLOYEE NAME (FIRST NAME)

(M.I.) (LAST NAME)

F. TOTAL SUBJECT WAGES

G. PIT WAGES

H. PIT WITHHELD

D. SOCIAL SECURITY NUMBER

E. EMPLOYEE NAME (FIRST NAME)

(M.I.) (LAST NAME)

F. TOTAL SUBJECT WAGES

G. PIT WAGES

H. PIT WITHHELD

D. SOCIAL SECURITY NUMBER

E. EMPLOYEE NAME (FIRST NAME)

(M.I.) (LAST NAME)

F. TOTAL SUBJECT WAGES

G. PIT WAGES

H. PIT WITHHELD

D. SOCIAL SECURITY NUMBER

E. EMPLOYEE NAME (FIRST NAME)

(M.I.) (LAST NAME)

F. TOTAL SUBJECT WAGES

G. PIT WAGES

H. PIT WITHHELD

D. SOCIAL SECURITY NUMBER

E. EMPLOYEE NAME (FIRST NAME)

(M.I.) (LAST NAME)

F. TOTAL SUBJECT WAGES

G. PIT WAGES

H. PIT WITHHELD

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(M.I.) (LAST NAME)

F. TOTAL SUBJECT WAGES

G. PIT WAGES

H. PIT WITHHELD

I. TOTAL SUBJECT WAGES THIS PAGE

24 850 02

J. TOTAL PIT WAGES THIS PAGE

24 100 02

K. TOTAL PIT WITHHELD THIS PAGE

1 529 98

L. GRAND TOTAL SUBJECT WAGES

M. GRAND TOTAL PIT WAGES

N. GRAND TOTAL PIT WITHHELD

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Title

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Date

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1st Mo.

2nd Mo.

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C. ☐ NO PAYROLL

D. SOCIAL SECURITY NUMBER

547 67 4800

E. EMPLOYEE NAME (FIRST NAME)

EILEEN

(M.I.) (LAST NAME)

M O'CONNELL

F. TOTAL SUBJECT WAGES

8 804 00

G. PIT WAGES

8 714 70

H. PIT WITHHELD

205 85

D. SOCIAL SECURITY NUMBER

547 77 2224

E. EMPLOYEE NAME (FIRST NAME)

LETICIA

(M.I.) (LAST NAME)

OROZCO

F. TOTAL SUBJECT WAGES

14 261 26

G. PIT WAGES

14 261 26

H. PIT WITHHELD

466 80

D. SOCIAL SECURITY NUMBER

548 53 9033

E. EMPLOYEE NAME (FIRST NAME)

HERMAN

(M.I.) (LAST NAME)

PANG

F. TOTAL SUBJECT WAGES

23 250 00

G. PIT WAGES

23 250 00

H. PIT WITHHELD

816 60

D. SOCIAL SECURITY NUMBER

555 85 9090

E. EMPLOYEE NAME (FIRST NAME)

JACOB

(M.I.) (LAST NAME)

HOLLOWAY

F. TOTAL SUBJECT WAGES

15 000 00

G. PIT WAGES

15 000 00

H. PIT WITHHELD

683 70

D. SOCIAL SECURITY NUMBER

558 17 5643

E. EMPLOYEE NAME (FIRST NAME)

MICHAEL

(M.I.) (LAST NAME)

G CLARK

F. TOTAL SUBJECT WAGES

28 543 08

G. PIT WAGES

28 543 08

H. PIT WITHHELD

1 231 86

D. SOCIAL SECURITY NUMBER

558 85 5406

E. EMPLOYEE NAME (FIRST NAME)

JOHN

(M.I.) (LAST NAME)

YANEZ

F. TOTAL SUBJECT WAGES

17 499 96

G. PIT WAGES

17 499 96

H. PIT WITHHELD

940 86

D. SOCIAL SECURITY NUMBER

562 74 0840

E. EMPLOYEE NAME (FIRST NAME)

RONALD

(M.I.) (LAST NAME)

P COLCOL

F. TOTAL SUBJECT WAGES

15 191 04

G. PIT WAGES

14 279 58

H. PIT WITHHELD

303 84

I. TOTAL SUBJECT WAGES THIS PAGE

122 549 34

J. TOTAL PIT WAGES THIS PAGE

121 548 58

K. TOTAL PIT WITHHELD THIS PAGE

4 649 51

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N. GRAND TOTAL PIT WITHHELD

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C. ☐ NO PAYROLL

D. SOCIAL SECURITY NUMBER 570 75 9617	E. EMPLOYEE NAME (FIRST NAME) JUSTIN	(M.I.) (LAST NAME) T WEISS	F. TOTAL SUBJECT WAGES 18 729 42	G. PIT WAGES 18 729 42	H. PIT WITHHELD 832 92
D. SOCIAL SECURITY NUMBER 570 77 2800	E. EMPLOYEE NAME (FIRST NAME) JOSE	(M.I.) (LAST NAME) A FLORES	F. TOTAL SUBJECT WAGES 11 290 56	G. PIT WAGES 11 290 56	H. PIT WITHHELD 406 26
D. SOCIAL SECURITY NUMBER 571 35 3676	E. EMPLOYEE NAME (FIRST NAME) HAROLD	(M.I.) (LAST NAME) BASTIAN	F. TOTAL SUBJECT WAGES 51 140 60	G. PIT WAGES 48 059 39	H. PIT WITHHELD 3 684 13
D. SOCIAL SECURITY NUMBER 611 07 4963	E. EMPLOYEE NAME (FIRST NAME) CONNIE	(M.I.) (LAST NAME) HWANG	F. TOTAL SUBJECT WAGES 15 600 00	G. PIT WAGES 15 600 00	H. PIT WITHHELD 764 16
D. SOCIAL SECURITY NUMBER 612 28 8234	E. EMPLOYEE NAME (FIRST NAME) ANA	(M.I.) (LAST NAME) C ESTRADA	F. TOTAL SUBJECT WAGES 7 786 50	G. PIT WAGES 7 386 48	H. PIT WITHHELD 130 98
D. SOCIAL SECURITY NUMBER 613 92 7601	E. EMPLOYEE NAME (FIRST NAME) JUAN	(M.I.) (LAST NAME) J SANZ	F. TOTAL SUBJECT WAGES 12 000 00	G. PIT WAGES 12 000 00	H. PIT WITHHELD 463 02
D. SOCIAL SECURITY NUMBER 616 22 1465	E. EMPLOYEE NAME (FIRST NAME) KENNETH	(M.I.) (LAST NAME) NAKANO	F. TOTAL SUBJECT WAGES 23 895 94	G. PIT WAGES 23 895 94	H. PIT WITHHELD 1 206 12
I. TOTAL SUBJECT WAGES THIS PAGE 140 443 02	J. TOTAL PIT WAGES THIS PAGE 136 961 79	K. TOTAL PIT WITHHELD THIS PAGE 7 487 59	L. GRAND TOTAL SUBJECT WAGES	M. GRAND TOTAL PIT WAGES	N. GRAND TOTAL PIT WITHHELD

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Signature Required _____ Title _____ Phone () _____ Date _____
(Owner, Accountant, Preparer, etc.)

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(M.I.) (LAST NAME)

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C. ☐ NO PAYROLL

D. SOCIAL SECURITY NUMBER

570 75 9617

E. EMPLOYEE NAME (FIRST NAME)

JUSTIN

(M.I.) (LAST NAME)

T WEISS

F. TOTAL SUBJECT WAGES

18 729 42

G. PIT WAGES

18 729 42

H. PIT WITHHELD

832 92

D. SOCIAL SECURITY NUMBER

570 77 2800

E. EMPLOYEE NAME (FIRST NAME)

JOSE

(M.I.) (LAST NAME)

A FLORES

F. TOTAL SUBJECT WAGES

11 290 56

G. PIT WAGES

11 290 56

H. PIT WITHHELD

406 26

D. SOCIAL SECURITY NUMBER

571 35 3676

E. EMPLOYEE NAME (FIRST NAME)

HAROLD

(M.I.) (LAST NAME)

BASTIAN

F. TOTAL SUBJECT WAGES

51 140 60

G. PIT WAGES

48 959 39

H. PIT WITHHELD

3 684 13

D. SOCIAL SECURITY NUMBER

611 07 4963

E. EMPLOYEE NAME (FIRST NAME)

CONNIE

(M.I.) (LAST NAME)

HWANG

F. TOTAL SUBJECT WAGES

15 600 00

G. PIT WAGES

15 600 00

H. PIT WITHHELD

764 16

D. SOCIAL SECURITY NUMBER

612 28 8234

E. EMPLOYEE NAME (FIRST NAME)

ANA

(M.I.) (LAST NAME)

C ESTRADA

F. TOTAL SUBJECT WAGES

7 786 50

G. PIT WAGES

7 386 48

H. PIT WITHHELD

130 98

D. SOCIAL SECURITY NUMBER

613 92 7601

E. EMPLOYEE NAME (FIRST NAME)

JUAN

(M.I.) (LAST NAME)

J SANZ

F. TOTAL SUBJECT WAGES

12 000 00

G. PIT WAGES

12 000 00

H. PIT WITHHELD

463 02

D. SOCIAL SECURITY NUMBER

616 22 1465

E. EMPLOYEE NAME (FIRST NAME)

KENNETH

(M.I.) (LAST NAME)

NAKANO

F. TOTAL SUBJECT WAGES

23 895 94

G. PIT WAGES

23 895 94

H. PIT WITHHELD

1 206 12

I. TOTAL SUBJECT WAGES THIS PAGE

140 443 02

J. TOTAL PIT WAGES THIS PAGE

136 961 79

K. TOTAL PIT WITHHELD THIS PAGE

7 487 59

L. GRAND TOTAL SUBJECT WAGES

M. GRAND TOTAL PIT WAGES

N. GRAND TOTAL PIT WITHHELD

O. I declare that the information herein is true and correct to the best of my knowledge and belief.

Signature *Required*

Title

Phone ()

Date

(Owner, Accountant, Preparer, etc.)

MAIL TO: State of California / Employment Development Department / P.O. Box 989071 / West Sacramento CA 95798-9071





QUARTERLY CONTRIBUTION RETURN AND REPORT OF WAGES (CONTINUATION)

REMINDER: File your DE 9 and DE 9C together.

You must FILE this report even if you had no payroll. If you had no payroll, complete Items C and D.

Page number _____ of _____

03 31 09

04 01 09

04 30 09

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NOT POSTMARKED
OR RECEIVED BY

YR **09** QTR **1**

QUARTER
ENDED

DUE

ZIU/ /2012/4/01788
/005/03/LZIU

EMPLOYER ACCOUNT NO.

436 8685 6

DO NOT ALTER THIS AREA

P1 ☐ C ☐ T ☐ S ☐ W ☐ A ☐

EFFECTIVE DATE

Mo. Day Yr.

WIC

A. EMPLOYEES full-time and part-time who worked during or received pay subject to UI for the payroll period which includes the 12th of the month.

1st Mo.

2nd Mo.

3rd Mo.

B. ☐ Check this box if you are reporting ONLY Voluntary Plan Disability Insurance wages on this page. Report Personal Income Tax (PIT) Wages and PIT Withheld, if appropriate. (See instructions for Item B.)

C. ☐ NO PAYROLL

D. SOCIAL SECURITY NUMBER

547 67 4800

E. EMPLOYEE NAME (FIRST NAME)

EILEEN

(M.I.) (LAST NAME)

M O'CONNELL

F. TOTAL SUBJECT WAGES

8 804 00

G. PIT WAGES

8 714 70

H. PIT WITHHELD

205 85

D. SOCIAL SECURITY NUMBER

547 77 2224

E. EMPLOYEE NAME (FIRST NAME)

LETICIA

(M.I.) (LAST NAME)

OROZCO

F. TOTAL SUBJECT WAGES

14 261 26

G. PIT WAGES

14 261 26

H. PIT WITHHELD

466 80

D. SOCIAL SECURITY NUMBER

548 53 9033

E. EMPLOYEE NAME (FIRST NAME)

HERMAN

(M.I.) (LAST NAME)

PANG

F. TOTAL SUBJECT WAGES

23 250 00

G. PIT WAGES

23 250 00

H. PIT WITHHELD

816 60

D. SOCIAL SECURITY NUMBER

555 85 9090

E. EMPLOYEE NAME (FIRST NAME)

JACOB

(M.I.) (LAST NAME)

HOLLOWAY

F. TOTAL SUBJECT WAGES

15 000 00

G. PIT WAGES

15 000 00

H. PIT WITHHELD

683 70

D. SOCIAL SECURITY NUMBER

558 17 5643

E. EMPLOYEE NAME (FIRST NAME)

MICHAEL

(M.I.) (LAST NAME)

G CLARK

F. TOTAL SUBJECT WAGES

28 543 08

G. PIT WAGES

28 543 08

H. PIT WITHHELD

1 231 86

D. SOCIAL SECURITY NUMBER

558 85 5406

E. EMPLOYEE NAME (FIRST NAME)

JOHN

(M.I.) (LAST NAME)

YANEZ

F. TOTAL SUBJECT WAGES

17 499 96

G. PIT WAGES

17 499 96

H. PIT WITHHELD

940 86

D. SOCIAL SECURITY NUMBER

562 74 0840

E. EMPLOYEE NAME (FIRST NAME)

RONALD

(M.I.) (LAST NAME)

P COLCOL

F. TOTAL SUBJECT WAGES

15 191 04

G. PIT WAGES

14 279 58

H. PIT WITHHELD

303 84

I. TOTAL SUBJECT WAGES THIS PAGE

122 549 34

J. TOTAL PIT WAGES THIS PAGE

121 548 58

K. TOTAL PIT WITHHELD THIS PAGE

4 649 51

L. GRAND TOTAL SUBJECT WAGES

M. GRAND TOTAL PIT WAGES

N. GRAND TOTAL PIT WITHHELD

O. I declare that the information herein is true and correct to the best of my knowledge and belief.

Signature *Required*

Title

(Owner, Accountant, Preparer, etc.)

Phone ()

Date

MAIL TO: State of California / Employment Development Department / P.O. Box 989071 / West Sacramento CA 95798-9071



QUARTERLY CONTRIBUTION RETURN AND REPORT OF WAGES (CONTINUATION)

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Page number _____ of _____

03 31 09

04 01 09

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NOT POSTMARKED
OR RECEIVED BY 04 30 09

YR 09 QTR 1

QUARTER
ENDED

DUE

ZIU/ /2012/4/01788
/005/03/LZIU

EMPLOYER ACCOUNT NO.

436 8685 6

DO NOT ALTER THIS AREA

P1 ☐ C ☐ T ☐ S ☐ W ☐ A ☐

EFFECTIVE DATE

Mo. Day Yr.

WIC

A. EMPLOYEES full-time and part-time who worked during
or received pay subject to UI for the payroll period which
includes the 12th of the month.

1st Mo. 2nd Mo. 3rd Mo.
15 15 15

B. ☐ Check this box if you are reporting ONLY Voluntary Plan Disability Insurance wages on this page.
Report Personal Income Tax (PIT) Wages and PIT Withheld, if appropriate. (See instructions for Item B.)

C. ☐ NO PAYROLL

D. SOCIAL SECURITY NUMBER

E. EMPLOYEE NAME (FIRST NAME)

(M.I.) (LAST NAME)

F. TOTAL SUBJECT WAGES

G. PIT WAGES

H. PIT WITHHELD

D. SOCIAL SECURITY NUMBER

E. EMPLOYEE NAME (FIRST NAME)

(M.I.) (LAST NAME)

F. TOTAL SUBJECT WAGES

G. PIT WAGES

H. PIT WITHHELD

D. SOCIAL SECURITY NUMBER

E. EMPLOYEE NAME (FIRST NAME)

(M.I.) (LAST NAME)

F. TOTAL SUBJECT WAGES

G. PIT WAGES

H. PIT WITHHELD

D. SOCIAL SECURITY NUMBER

E. EMPLOYEE NAME (FIRST NAME)

(M.I.) (LAST NAME)

F. TOTAL SUBJECT WAGES

G. PIT WAGES

H. PIT WITHHELD

D. SOCIAL SECURITY NUMBER

E. EMPLOYEE NAME (FIRST NAME)

(M.I.) (LAST NAME)

F. TOTAL SUBJECT WAGES

G. PIT WAGES

H. PIT WITHHELD

D. SOCIAL SECURITY NUMBER

E. EMPLOYEE NAME (FIRST NAME)

(M.I.) (LAST NAME)

F. TOTAL SUBJECT WAGES

G. PIT WAGES

H. PIT WITHHELD

D. SOCIAL SECURITY NUMBER

E. EMPLOYEE NAME (FIRST NAME)

(M.I.) (LAST NAME)

F. TOTAL SUBJECT WAGES

G. PIT WAGES

H. PIT WITHHELD

I. TOTAL SUBJECT WAGES THIS PAGE

J. TOTAL PIT WAGES THIS PAGE

K. TOTAL PIT WITHHELD THIS PAGE

L. GRAND TOTAL SUBJECT WAGES

M. GRAND TOTAL PIT WAGES

N. GRAND TOTAL PIT WITHHELD

287 842 38

282 610 39

13 667 08

O. I declare that the information herein is true and correct to the best of my knowledge and belief.

Signature *Required*

Title

Phone ()

Date

(Owner, Accountant, Preparer, etc.)

MAIL TO: State of California / Employment Development Department / P.O. Box 989071 / West Sacramento CA 95798-9071





QUARTERLY CONTRIBUTION RETURN AND REPORT OF WAGES (CONTINUATION)

REMINDER: File your DE 9 and DE 9C together.

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Page number _____ of _____

03 31 09

04 01 09

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NOT POSTMARKED
OR RECEIVED BY 04 30 09

YR QTR
09 1

QUARTER
ENDED
ZIU/ /2012/4/01788
/005/03/LZIU

EMPLOYER ACCOUNT NO.

436 8685 6

DO NOT ALTER THIS AREA

P1 ☐ C ☐ T ☐ S ☐ W ☐ A ☐

EFFECTIVE DATE

Mo. Day Yr.

WIC

A. EMPLOYEES full-time and part-time who worked during or received pay subject to UI for the payroll period which includes the 12th of the month.

1st Mo.

2nd Mo.

3rd Mo.

L L L

B. ☐ Check this box if you are reporting ONLY Voluntary Plan Disability Insurance wages on this page. Report Personal Income Tax (PIT) Wages and PIT Withheld, if appropriate. (See instructions for Item B.)

C. ☐ NO PAYROLL

D. SOCIAL SECURITY NUMBER

570 75 9617

E. EMPLOYEE NAME (FIRST NAME)

JUSTIN

(M.I.) (LAST NAME)

T WEISS

F. TOTAL SUBJECT WAGES

18 729 42

G. PIT WAGES

18 729 42

H. PIT WITHHELD

832 92

D. SOCIAL SECURITY NUMBER

570 77 2800

E. EMPLOYEE NAME (FIRST NAME)

JOSE

(M.I.) (LAST NAME)

A FLORES

F. TOTAL SUBJECT WAGES

11 290 56

G. PIT WAGES

11 290 56

H. PIT WITHHELD

406 26

D. SOCIAL SECURITY NUMBER

571 35 3676

E. EMPLOYEE NAME (FIRST NAME)

HAROLD

(M.I.) (LAST NAME)

BASTIAN

F. TOTAL SUBJECT WAGES

51 140 60

G. PIT WAGES

48 959 39

H. PIT WITHHELD

3 684 13

D. SOCIAL SECURITY NUMBER

611 07 4963

E. EMPLOYEE NAME (FIRST NAME)

CONNIE

(M.I.) (LAST NAME)

HWANG

F. TOTAL SUBJECT WAGES

15 600 00

G. PIT WAGES

15 600 00

H. PIT WITHHELD

764 16

D. SOCIAL SECURITY NUMBER

612 28 8234

E. EMPLOYEE NAME (FIRST NAME)

ANA

(M.I.) (LAST NAME)

C ESTRADA

F. TOTAL SUBJECT WAGES

7 786 50

G. PIT WAGES

7 386 48

H. PIT WITHHELD

130 98

D. SOCIAL SECURITY NUMBER

613 92 7601

E. EMPLOYEE NAME (FIRST NAME)

JUAN

(M.I.) (LAST NAME)

J SANZ

F. TOTAL SUBJECT WAGES

12 000 00

G. PIT WAGES

12 000 00

H. PIT WITHHELD

463 02

D. SOCIAL SECURITY NUMBER

616 22 1465

E. EMPLOYEE NAME (FIRST NAME)

KENNETH

(M.I.) (LAST NAME)

NAKANO

F. TOTAL SUBJECT WAGES

23 895 94

G. PIT WAGES

23 895 94

H. PIT WITHHELD

1 206 12

I. TOTAL SUBJECT WAGES THIS PAGE

140 443 02

J. TOTAL PIT WAGES THIS PAGE

136 961 79

K. TOTAL PIT WITHHELD THIS PAGE

7 487 59

L. GRAND TOTAL SUBJECT WAGES

L

M. GRAND TOTAL PIT WAGES

L

N. GRAND TOTAL PIT WITHHELD

L

O. I declare that the information herein is true and correct to the best of my knowledge and belief.

Signature Required

Title

Phone ()

Date

(Owner, Accountant, Preparer, etc.)

MAIL TO: State of California / Employment Development Department / P.O. Box 989071 / West Sacramento CA 95798-9071



QUARTERLY CONTRIBUTION RETURN AND REPORT OF WAGES (CONTINUATION)

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Page number 2 of 2

03 31 09

04 01 09

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OR RECEIVED BY 04 30 09

YR 09 QTR 1

QUARTER
ENDED

DUE

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/005/03/LZIU

EMPLOYER ACCOUNT NO.

436 8685 6

DO NOT ALTER THIS AREA

Pt ☐ C ☐ T ☐ S ☐ W ☐ A ☐

EFFECTIVE DATE

Mo. Day Yr.

WIC

A. EMPLOYEES full-time and part-time who worked during
or received pay subject to UI for the payroll period which
includes the 12th of the month.

1st Mo. 2nd Mo. 3rd Mo.

DOWNTOWN CENTER BUSINESS
IMPROVEMENT DISTRICT
626 WILSHIRE BLVD #200
LOS ANGELES CA 90017

B. ☐ Check this box if you are reporting ONLY Voluntary Plan Disability Insurance wages on this page.
Report Personal Income Tax (PIT) Wages and PIT Withheld, if appropriate. (See instructions for item B.)

C. ☐ NO PAYROLL

D. SOCIAL SECURITY NUMBER

547 67 4800

E. EMPLOYEE NAME (FIRST NAME)

EILEEN

(M.I.) (LAST NAME)

M O'CONNELL

F. TOTAL SUBJECT WAGES

8 804 00

G. PIT WAGES

8 714 70

H. PIT WITHHELD

205 85

D. SOCIAL SECURITY NUMBER

547 77 2224

E. EMPLOYEE NAME (FIRST NAME)

LETICIA

(M.I.) (LAST NAME)

OROZCO

F. TOTAL SUBJECT WAGES

14 261 26

G. PIT WAGES

14 261 26

H. PIT WITHHELD

466 80

D. SOCIAL SECURITY NUMBER

548 53 9033

E. EMPLOYEE NAME (FIRST NAME)

HERMAN

(M.I.) (LAST NAME)

PANG

F. TOTAL SUBJECT WAGES

23 250 00

G. PIT WAGES

23 250 00

H. PIT WITHHELD

816 60

D. SOCIAL SECURITY NUMBER

555 85 9090

E. EMPLOYEE NAME (FIRST NAME)

JACOB

(M.I.) (LAST NAME)

HOLLOWAY

F. TOTAL SUBJECT WAGES

15 000 00

G. PIT WAGES

15 000 00

H. PIT WITHHELD

683 70

D. SOCIAL SECURITY NUMBER

558 17 5643

E. EMPLOYEE NAME (FIRST NAME)

MICHAEL

(M.I.) (LAST NAME)

G CLARK

F. TOTAL SUBJECT WAGES

28 543 08

G. PIT WAGES

28 543 08

H. PIT WITHHELD

1 231 86

D. SOCIAL SECURITY NUMBER

558 85 5406

E. EMPLOYEE NAME (FIRST NAME)

JOHN

(M.I.) (LAST NAME)

YANEZ

F. TOTAL SUBJECT WAGES

17 499 96

G. PIT WAGES

17 499 96

H. PIT WITHHELD

940 86

D. SOCIAL SECURITY NUMBER

562 74 0840

E. EMPLOYEE NAME (FIRST NAME)

RONALD

(M.I.) (LAST NAME)

P COLCOL

F. TOTAL SUBJECT WAGES

15 191 04

G. PIT WAGES

14 279 58

H. PIT WITHHELD

303 84

I. TOTAL SUBJECT WAGES THIS PAGE

122 549 34

J. TOTAL PIT WAGES THIS PAGE

121 548 58

K. TOTAL PIT WITHHELD THIS PAGE

4 649 51

L. GRAND TOTAL SUBJECT WAGES

122 549 34

M. GRAND TOTAL PIT WAGES

121 548 58

N. GRAND TOTAL PIT WITHHELD

4 649 51

O. I declare that the information herein is true and correct to the best of my knowledge and belief.

Signature *Required*

Title

Phone ()

Date

(Owner, Accountant, Preparer, etc.)

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QUARTERLY CONTRIBUTION RETURN AND REPORT OF WAGES (CONTINUATION)

Page number _____ of _____

QUARTER
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ZIU/ /2012/4/01788
/005/03/LZIU

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DELINQUENT IF
NOT POSTMARKED
OR RECEIVED BY

03 31 09

04 01 09

04 30 09

YR QTR
09 1

EMPLOYER ACCOUNT NO.

436 8685 6

DO NOT ALTER THIS AREA

P1 ☐ C ☐ T ☐ S ☐ W ☐ A ☐

EFFECTIVE DATE

Mo. Day Yr.

WIC

A. EMPLOYEES full-time and part-time who worked during
or received pay subject to UI for the payroll period which
includes the 12th of the month.

1st Mo. 2nd Mo. 3rd Mo.

**DOWNTOWN CENTER BUSINESS
IMPROVEMENT DISTRICT
626 WILSHIRE BLVD #200
LOS ANGELES CA 90017**

B. ☐ Check this box if you are reporting ONLY Voluntary Plan Disability Insurance wages on this page.
Report Personal Income Tax (PIT) Wages and PIT Withheld, if appropriate. (See instructions for item B.)

C. ☐ NO PAYROLL

D. SOCIAL SECURITY NUMBER

570 75 9617

E. EMPLOYEE NAME (FIRST NAME)

JUSTIN

(M.I.) (LAST NAME)

T WEISS

F. TOTAL SUBJECT WAGES

18 729 42

G. PIT WAGES

18 729 42

H. PIT WITHHELD

832 92

D. SOCIAL SECURITY NUMBER

570 77 2800

E. EMPLOYEE NAME (FIRST NAME)

JOSE

(M.I.) (LAST NAME)

A FLORES

F. TOTAL SUBJECT WAGES

11 290 56

G. PIT WAGES

11 290 56

H. PIT WITHHELD

406 26

D. SOCIAL SECURITY NUMBER

571 35 3676

E. EMPLOYEE NAME (FIRST NAME)

HAROLD

(M.I.) (LAST NAME)

BASTIAN

F. TOTAL SUBJECT WAGES

51 140 60

G. PIT WAGES

48 059 39

H. PIT WITHHELD

3 684 13

D. SOCIAL SECURITY NUMBER

611 07 4963

E. EMPLOYEE NAME (FIRST NAME)

CONNIE

(M.I.) (LAST NAME)

HWANG

F. TOTAL SUBJECT WAGES

15 600 00

G. PIT WAGES

15 600 00

H. PIT WITHHELD

764 16

D. SOCIAL SECURITY NUMBER

612 28 8234

E. EMPLOYEE NAME (FIRST NAME)

ANA

(M.I.) (LAST NAME)

C ESTRADA

F. TOTAL SUBJECT WAGES

7 786 50

G. PIT WAGES

7 386 48

H. PIT WITHHELD

130 98

D. SOCIAL SECURITY NUMBER

613 92 7601

E. EMPLOYEE NAME (FIRST NAME)

JUAN

(M.I.) (LAST NAME)

J SANZ

F. TOTAL SUBJECT WAGES

12 000 00

G. PIT WAGES

12 000 00

H. PIT WITHHELD

463 02

D. SOCIAL SECURITY NUMBER

616 22 1465

E. EMPLOYEE NAME (FIRST NAME)

KENNETH

(M.I.) (LAST NAME)

NAKANO

F. TOTAL SUBJECT WAGES

23 895 94

G. PIT WAGES

23 895 94

H. PIT WITHHELD

1 206 12

I. TOTAL SUBJECT WAGES THIS PAGE

140 443 02

J. TOTAL PIT WAGES THIS PAGE

136 961 79

K. TOTAL PIT WITHHELD THIS PAGE

7 487 59

L. GRAND TOTAL SUBJECT WAGES

M. GRAND TOTAL PIT WAGES

N. GRAND TOTAL PIT WITHHELD

O. I declare that the information herein is true and correct to the best of my knowledge and belief.

Signature Required

Title

Phone ()

Date

(Owner, Accountant, Preparer, etc.)

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